#### PART B - FEE(S) TRANSMITTAL

Complete and nd this form, together with applicable fee(s), to: Mail

JUL 2 0 2004

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

INSTRUCTIONS This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate by further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as a maintenance fee notifications. The property of the property of

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up, with any corrections or use Block 1)

36947

7590

06/28:2004

BIOLOGICAL PATENT SERVICES, LLC 14015 42ND AVE N. PLYMOUTH, MN 55446-3827

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being faesimile transmitted to the USPTO, on the date indicated below.

	Peany T Aguirce	(Depositor's name
	Lenny & leguise	) (Signature
	07/28/2004	(Date
TOP	ATTORNEY POCKET NO CONCENT	17701110

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. | CONFIRMATION NO. 10/809.209 03/25/2004 C. Greg Speichert 200409 6965

TITLE OF INVENTION: ARUNDO PLANT NAMED 'ORIENTAL GOLD'

APPLN. TYPE	SMALL ENTITY	ISSUE FE	E FEE PUBLICATION FEE TO		TOTALE	EE(S) DUE	DATE DUE	
nonprovisional	YES \$32		\$300		\$	620	09/28/2004	
EXA	MINER	ART UNIT	г	CLASS-SUBCLASS	7			
PARA, A	NNETTE H	1661		435-006000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		1 Pennu 2 3	J. Aguirre		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. Inclusion of assignce data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categ	orics (will not be printed on the patent);	individual	Corporation or other private group entity	O government			
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):						
Issue Fee	A check in the amo	ount of the fee(s)	is enclosed.				
Publication Fee	Payment by credit	Payment by credit card. Form PTO-2038 is attached.					
☐ Advance Order - # of Copies	The Director is he Deposit Account Num	☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).					
Director for Patents is requested to apply the Issue Fee:	and Publication Fcc (if any) or to re-analy	any proviously r	said issue fee to the application identified above				

	о тостонного со (талу) от то то арр.
(Authorized Signature)	(Date)
(Authorized Signature) January of Aguine	07/20/2004
NOTE: The Issue Pee and Publication Fee (if required other than the applicant; a registered attorney or ager interest as shown by the records of the United States Pau	nt: or the assignee or other party in

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

07/21/2004 YPOLITE2 00000063 10809209

01 FC:2503 02 FC:1504 320.00 OP 300.00 OP

TRANSMIT THIS FORM WITH FEE(S)

PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

07/20/2004

Date



# OFFICIAL FACSIMILE COMMUNICATION

## TO THE ATTENTION OF:

## MAIL STOP ISSUE FEE

Fax No. 703-746-4000

Number of pages including this page: 3

Applicant

C. Greg Speichert

Serial No.

10/809,209

Filing Date

03/25/2004

Title

Arundo Plant Named 'Oriental Gold'

## MAIL STOP ISSUE FEE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

#### Sir/Madam:

Attached to this facsimile communication cover sheet is a Fee Transmittal and a Credit Card Payment Form, PTO-2038.

Respectfully submitted,

Penny J. Aguirre

Reg, No. 42,600, Customer No. 36947

Biological Patent Services, LLC

14015 42<sup>nd</sup> Ave. N.

Plymouth, MN 55446

Phone: 763-553-9081 Fax: 763-553-9051